

**STATE OF SOUTH DAKOTA**  
**Statement of Legal Newspaper Ownership and Circulation**

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER		2. DATE	
<i>The Emery Enterprise</i>		<i>9-29-14</i>	
3. FREQUENCY OF ISSUE	3A. NO. OF ISSUES PUBLISHED ANNUALLY	3B. ANNUAL SUBSCRIPTION PRICE	
<i>Weekly</i>	<i>52</i>	<i>\$ 30 / 36.00</i>	
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)			
<i>148 Third St. Box 244 Emery SD 57332 Hanson Co.</i>			
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)			
<i>210 W Main St. Box 128 Canistota SD 57012 McCook Co.</i>			
6. FULL NAME OF PUBLISHER:			
<i>Matt Anderson</i>			
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)			
FULL NAME		COMPLETE MAILING ADDRESS	
<i>Anderson Publications, Inc</i>		<i>210 W Main Canistota SD 57012</i>	
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.)			
<i>The Security State Bank Box 245 Emery SD 57332</i>			
9. EXTENT AND NATURE OF CIRCULATION		AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)		<i>425</i>	<i>425</i>
B. PAID AND/OR REQUESTED CIRCULATION			
1. Sales through dealers and carriers, street vendors, counter sales, and paid electronic copies.		<i>40</i>	<i>40</i>
2. Mail Subscription (Paid and or requested)		<i>319</i>	<i>292</i>
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)		<i>359</i>	<i>332</i>
D. FREE DISTRIBUTION			
1. BY MAIL, CARRIER OR OTHER MEANS			
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES			
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)		<i>359</i>	<i>332</i>
F. COPIES NOT DISTRIBUTED			
1. Office use, left over, unaccounted, spoiled after printing		<i>66</i>	<i>159</i>
2. Return from News Agents			
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)		<i>425</i>	<i>425</i>

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public  
I swear that the statements made by me are true, correct, and complete:

*Matt Anderson*  
(Signature)

*Owner/Editor*  
(Title)

Sworn to before me this 30 day of Sept, 20 14

*Donna M. Diede*  
Notary Public

My commission expires: 2-2-2016

